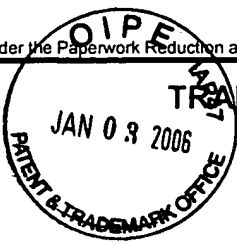
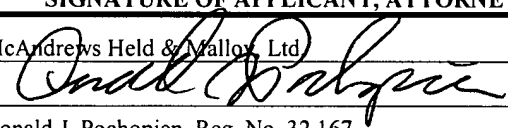
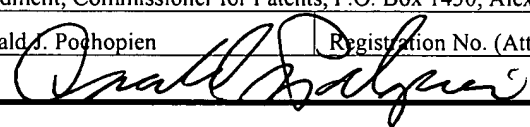


Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p align="center"><b>TRANSMITTAL FORM</b></p> <p>(to be used for all correspondence after initial filing)</p>		Application Number	09/976,556
		Filing Date	October 11, 2001
		First Named Inventor	Wironen, et al.
		Art Unit	1651
		Examiner Name	Leon B. Langford, Jr.
Total Number of Pages in This Submission	16	Attorney Docket Number	1915/13987US04
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response Under 37 CFR §1.111 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Donald J. Pochopien, Reg. No. 32,167		
Date	December 27, 2005		
<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 12/27/2005			
Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature			Date 12/27/2005